

PTO/SB/22 (05-03)

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| PETITION FOR EXTENSION OF TIME UND | ER 37 CFR 1.136(a) | Docket Number (Optional) 0 | 0537-169002 |
|---|---|---|----------------------------|
| | | DONG, Zheng Xin e | t al. |
| | Application Number 09/ | 674,597 Filed 4 | /9/2001 |
| | For PTH2 Receptor | Selective Compou | nds |
| | Art Unit 1674 | Examiner WEGERT | , Sandra L. |
| This is a request under the provisions of 37 CFR 1 application. | 1.136(a) to extend the perio | od for filing a reply in the ab | ove identified |
| The requested extension and appropriate non-small | all-entity fee are as follows | (check time period desired |): |
| One month (37 CFR 1.17(a)(1)) | | | \$ |
| ☐ Two months (37 CFR 1.17(a)(2)) | | | \$ |
| ☐ Three months (37 CFR 1.17(a)(3)) | | | \$ |
| X Four months (37 CFR 1.17(a)(4)) | | | \$ <u>1,480.00</u> |
| Five months (37 CFR 1.17(a)(5)) | | | s |
| Applicant claims small entity status. See 37 half, and the resulting fee is: \$ | CFR 1.27. Therefore, the f | ee amount shown above is | reduced by one- |
| | | 9/2004 JADDO1 00000063 | 500590 09674597 |
| _ | ¹ 01 F | C:1254 1480.00 DA | |
| Payment by credit card. Form PTO-203 | 8 is attached. | | |
| The Director has already been authorized | ed to change fees in this | application to a Deposit | Account. |
| The Director is hereby authorized to character to Deposit Account Number 50-0 | | be required, or credit ar | _ |
| I have enclosed a duplicate copy of this | sheet. | • | RECEIVE |
| I am the applicant/inventor. | | | |
| | ne entire interest. See 37 CFR 3.73(b) is enclosed | | FEB 0 2 2004 |
| attorney or agent of rec | , , | | TECH CENTER 1600 |
| attorney or agent under Registration number if ac | ting under 37 CFR 1 34(a) | · / | 2 |
| WARNING: Information on this form may on this form. Provide credit card information | become public. Credit card tion and authorization on PT | information should not be in Ø-2038. | cluded |
| 1-23-2004 | | a Hel | re |
| Date | | Signature | |
| . 508-478-0144 Telephone Number | Alan_ | F. Feeney Typed or printed name | |
| NOTE: Signatures of all the inventors or assignees of record of t signature is required, see below. | the entire interest or their represent | tative(s) are required. Submit multip | ple forms if more than one |
| | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.